Weathertzation Assistance Program

Work Order (Bid Form)

WORK ORDER INFORMATION Work Order Name: Work Order Type: Weatherization Audit Name: MADISON **CLIENT INFORMATION** Client Name: Address: Client ID: Alt. Client ID: 16016SW-0851 AGENCY INFORMATION Agency: SWHRA Agency Phone: (731) 989-5111 Address: 1574 White AVE Fax: Henderson, TN Email Address: Agency Contact: Murley, Rickey Work Phone: Cell Phone: Email Address: Company Name & License Number: Contractor's Signature: COMMENT NOTICE: All work performed and material must meet all requirements as stated in the Southeast Weatherization Field Guide. It is the contractor's responsibility to pull all necessary permits required for the town or county where the work is being performed. No change order work shall be done until the change order has been approved and signed. If heater is required no air sealing should be done before heater is installed. 731-425-2492

Client Name:

Work Order (Bid Form)

DOE Weatherization Assistant

Client ID:

Work Order Name:

Version 8.5.0

Alt. Client ID: 16016SW-0851

Report Run On: 5/15/2010

Page 1 of 6

Measures

mment								
				Estimated			Actual	
laterial / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
construction laterials/Hardwar	Mastic duct boots	Each	1					
abor	Labor	Hour						
er Detail								
			Measur	e Sub Total:		į	Sub Total:	
eld Notes:								THE PROPERTY OF THE PROPERTY O
								ASSET PROPERTY AND ADMINISTRATION AND ADMINISTRATIO
., 1	aterials/Hardwar abor er Detail	onstruction Mastic duct boots laterials/Hardwar abor Labor er Detail	onstruction Mastic duct boots Each laterials/Hardwar abor Labor Hour er Detail	onstruction Mastic duct boots Each 1 laterials/Hardwar abor Labor Hour er Detail Measur	onstruction Mastic duct boots Each 1 atterials/Hardwar abor Labor Hour er Detail Measure Sub Total:	onstruction Mastic duct boots Each 1	onstruction Mastic duct boots Each 1	onstruction Mastic duct boots Each 1

Page 2 of 6

Work Order (Bid Form)

	Measure 2 Infilt	ration Redctn			Component	ts		i	Inspected
C	omment								
					Estimated	- Contract of the Contract of		Actual	
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Construction Materials/Hardwar e	Seal crown molding through-out the house	Each	1					
2	Labor	Labor	Hour						
3	Construction Materials/Hardwar e	Seal pipes under 2 bathroom vanities, Seal water heater vent, Seal pipes under kitchen sink	Each	1					
4	Labor	Labor	Hour						
5	Construction Materials/Hardwar e	Reseal exhaust vent over cook stove Seal door to sunken den from dinning room	Each	1					
6	Labor	Labor	Hour			4 4 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			
C	Other Detail						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Γ		100 Marie 100 Ma							
-				Measur	e Sub Total:		1	Sub Total:	
	Field Notes:								

Work Order Name:

Measure 3 DW	H Pipe Insulation			Componen	ts			Inspected
Comment								
				Estimated				
# Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1 Insulation	DHW Pipe Insulation	Each	1					
2 Labor	Labor	Each	1					
Other Detail	, ,		, ,	province and the second			,	

			Measur	e Sub Total:] ,	Sub Total:	
Field Notes:								
	MANAGEMENT AND THE OTHER PROPERTY OF THE OTHER PROPERTY OF THE PARTY OF THE OTHER PROPERTY OTHER PROPERTY OF THE OTHER PROPERTY OTHER	······································						
Measure 4 Attio	: Ins. R-30			Component	's A1			Inspected
Comment								
				Estimated			Actual	
# Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1 Insulation	Attic Insulation - Blown Cellulose - R-30	SqFt	1992					
2 Labor	Labor	Hour	1992	The state of the s				
3 Miscellaneous Supplies	Install attic access cover. Repair leak	Each	1					
	around chimney and gas vent on roof before insulating							
4 Labor	Labor	Hour						
Other Detail								
	<u> </u>	hammanamenterene et	Measure	e Sub Total:			Sub Total:	
Field Notes:								
								111111111111111111111111111111111111111

Client Name:

Client ID: Alt. Client ID: 16016SW-0851

Work Order (Bid Form)

Work Order Name:

Report Run On: 5/15/2010

DOE Weatherization Assistant

Version 8.5.0 Page 4 of 6

Measure 5 CO	Monitor is Needed			Componen	ts			Inspected
Comment								
			A	Estimated		***	Actual	
# Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
Health and Safety Items	CO monitor	Each	1			777777		
2 Labor	Labor	Hour	1					
Other Detail								
			Measur	e Sub Total:] ;	Sub Total:	
Field Notes:								
4								1
Measure 6 Smo	ke Detector is Needed			Componen	ts			Inspected
	ke Detector is Needed			Componen	ts			Inspected
Comment				Componen Estimated	ts		Actual	Inspected
Measure 6 Smo Comment # Material / Labor	Description / Comment	Units	Qty	-	ts Total	Qty		Inspected
Comment # Material / Labor		<i>Units</i> Each		Estimated		Qty	Actual	
# Material / Labor 1 Health and Safety Items	Description / Comment		Qty	Estimated		Qty	Actual	
# Material / Labor 1 Health and Safety Items	Description / Comment Smoke detector	Each	Qty 1	Estimated		Qty	Actual	
 Comment # Material / Labor 1 Health and Safety Items 2 Labor 	Description / Comment Smoke detector	Each	Qty 1	Estimated		Qty	Actual	
 Comment # Material / Labor 1 Health and Safety Items 2 Labor 	Description / Comment Smoke detector	Each	Qty 1	Estimated		Qty	Actual	
Comment # Material / Labor 1 Health and Safety Items 2 Labor	Description / Comment Smoke detector	Hour	Qty 1 1	Estimated			Actual	
Comment # Material / Labor 1 Health and Safety Items 2 Labor	Description / Comment Smoke detector	Hour	Qty 1 1	Estimated Unit Cost			Actual Unit Cost	
# Material / Labor 1 Health and Safety Items 2 Labor Other Detail	Description / Comment Smoke detector	Hour	Qty 1 1	Estimated Unit Cost			Actual Unit Cost	
# Material / Labor 1 Health and Safety Items 2 Labor Other Detail	Description / Comment Smoke detector	Hour	Qty 1 1	Estimated Unit Cost			Actual Unit Cost	

		apor Barrier Needed asement/Crawlspace)			Componen	ts			Inspected
C	Comment								
					Estimated			Actual	
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safe Items	ety Basement / crawlspace vapor barrier	Each	1		A STATE AND A STAT			
2	Labor	Labor	Hour	1					
Chamber of the second	Other Detail			Measur	re Sub Total:			Sub Total:	
	Field Notes:								
•			Work Or	der Gra	nd Total:		Gran	d Total:	